

Appeal Letter

I, _____, appeal the decision to deny my application for MaineCare.
(print name)

My address is: _____
Street (Apt. #) Town Zip Code

My ID# or Social Security Number is: _____

Signature

Date

You can:

Mail this form to:
Commissioner of DHHS
11 State House Station
Augusta, ME 04333.

Or Fax it to DHHS at (207) 778-8429

Or email it to DHHS at Farmington.dhhs@maine.gov